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Editorial

Perspectives on this issue of the IJS

We pride ourselves on being one the few Surgical Journals which embrace Surgery in General. A hundred years ago we would have said it was a General Surgery journal as General Surgery then encompassed most types of surgery. With specialization, sub-specialization, and now in the 21st century, supra-sub-specialization, we have to ask ourselves if there is such a specialty as General Surgery? If it does exist (in many parts of the world it most certainly does) what exactly comprises this subject? It used to be said that General Surgery included GI, breast, peripheral vascular, endocrine, non-neonatal paediatric surgery as well as trauma and emergency surgery. But now in 1st world countries there are Upper GI, hepato-biliary, pancreatic, colo-rectal, vascular, breast, endocrine, paediatric, soft tissue and skin, trauma, emergency and even hernia surgeons. So what is left – "lumps, bumps and abscesses"?

In the 2nd world, General Surgery is alive and flourishing. It includes all those sub-specialties mentioned previously. In the 3rd world in many countries, because of the vast distances and small numbers of surgeons, one will find surgeons dealing with urology, gynaecology, paediatric, plastic, thoracic surgery and maybe even orthopaedic surgery as well as what was collectively known as General Surgery.

This makes training and work force issues very difficult. In 1st world countries medical students are still expected to do General Medicine and General Surgery firms although these only exist in smaller District General Hospitals or their equivalent. Most will consider GI surgery as their General Surgical training and may not be exposed, for example, to breast surgery. In 3rd world countries Medical Schools are based in large Teaching Hospitals – better equipped and with most specialties. Doctors are trained to deal only with their specialty when undertaking post-graduate training and have investigatory tools, such as CT scans, to rely on when later they will have little to help them save clinical acumen. Work-force issues become a nightmare; 7 sub-specialty trained surgeons needed to cover what a single "General Surgeon" might previously have covered. In underdeveloped countries it may in the future prove difficult to recruit/find surgeons with the knowledge and some training in those specialties that need to be covered, such as gynaecology, urology and orthopaedic trauma cases.

When I asked my Senior Registrar "what is General Surgery?" he replied "that surgery that no one else wants to perform". In contrast to the same question to a consultant colleague his reply was "the greatest, most exciting specialty in surgery".

There is no quick answer. Perhaps "barefoot surgeons" doing selected routine operations for which they are trained for underdeveloped countries whilst a better basic grounding in the generality of surgery is needed in the 1st world.

In this issue I have searched for a truly general surgery paper. Perhaps the one on occult groin hernias would be one (pp. 169–172); but actually it is really a radiological study. There is certainly no lack of specialized articles covering as always the Generality of Surgery. There are 2 neurosurgical papers both from India; one, an overview of brain abscesses (pp. 136–144) and the other also dealing with infections as to how they affect the neurosurgeon (pp. 113–113). Thoracic surgery is covered with a retrospective study from Japan on limited pulmonary resection for small sized adeno-carcinomas of the lung (pp. 155–159) and peripheral vascular surgery with a brilliant piece of research from the United Kingdom into the size and nature of emboli produced during carotid angioplasty and stenting (pp. 177–182). There appears to be a significant quantity and size of debris post carotid artery surgery with CT calcium scanning predicting the nature of the material later filtered.

Urology is covered with a study on retroperitoneal laparoscopic uretero-lithotomy performed in 126 patients out of 820 with stone disease (pp. 160–164). This Indian study produced a 100% clearance rate and the authors state how useful this approach is if short wave lithotripsy is unavailable. Continuing with the use of laparoscopy, there are 2 further papers on this surgical technique – one showing nitrous oxide could be better than carbon dioxide as the gas used (pp. 173–176); the other paper from Japan (pp. 150–154) shows that Single port (SILS) usage in laparoscopic colonic resection is feasible and safe in selected patients though this may be a triumph of technology over common sense.

There are 2 articles from United Kingdom colo-rectal surgeons. One on risk adjusted scoring systems (pp. 130–135) and the other on the impact of stenting obstructing colo-rectal tumours (pp. 165–168). The latter is a retrospective study from a district general hospital where 29 stents were placed in 28 patients with a complication rate of 18%. The average length of stay was 9 days compared to 38 patients who during the same study period underwent surgery for large bowel obstruction (either unsuitable for stenting or expertise not available) and had an average length of stay of 16 days. However, this did not take into account subsequent operations with respect to mortality, morbidity or hospital stay.

Upper GI surgery is well represented with an excellent paper from China on ultra-sound guided cryotherapy for haeptocellular carcinoma in unresectable patients or those with recurrence (pp. 188–191). It proved to be safe and efficacious with good palliation. Another Upper GI paper looks into the use of pre-operative stenting in patients with pancreatic cancer (pp. 145–149). This United Kingdom based large series of jaundiced patients with peri-ampullary

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carcinoma included 118 patients stented (98 at ERCP and 20 by PTC) prior to a Whipple's procedure compared to 162 non-stented patients. There was a higher incidence of positive bile cultures and overall complications were higher in the stented group.

An article from Kuwait addresses the effect of pre-operative renal dysfunction with or without dialysis on early post-operative outcomes in cardiac surgery (pp. 183–187). There is also included a review from Turkey of 22 cases of primary subcutaneous hydatid cysts (pp. 117–121).

One of the most fascinating papers in this issue is on "The immense potential of Xenotransplantation in Surgery" (pp. 122–129). The American authors point out with the decreasing availability of human organs the use of their genetically-engineered pigs may well, once the problems of coagulation dysfunction is overcome, be the answer to this problem in the foreseeable future. I have left the only possible General Surgery paper on "The role of ultrasonography in occult groin hernias" till last (pp. 169–172). This article is not from a hernia centre and shows that alone it is not effective though it can be useful in conjunction with clinical findings.

It would appear from this issue that articles tend to be submitted from specialist units. Perhaps those who maintain they are General Surgeons will change this in future issues.

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